

Hospital Licensure Application

To: Department of Health
Attention: Denise S. Pope, Administrator
Health Regulation Administration

825 North Capitol Street, NE
Second Floor
Washington, DC 20002

We, (1) _____ and (2) _____

Residing at: (1) Street Address: _____

City: _____ State: _____ Zip Code: _____

Residing at: (2) Street Address: _____

City: _____ State: _____ Zip Code: _____

and officers of the hospital named below, certifying that we are twenty-one years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a hospital during the _____ calendar year subject to the provisions of District of Columbia Municipal Regulations, Title 22.**

Institution Information

Name of Institution _____

Telephone _____

Street Address _____

Name of Person in Charge _____

Title _____

Chief of Staff _____

Residing at _____

Name of Organization Owning and Conducting the Institution _____

Organization Type (attach list of board officers and members)

☐ Nonprofit Corporation ☐ Private Corporation ☐ Church

Class of Institution for Which Application is Made (check one)

1. A. General Hospital including: (check or list applicable categories)

☐ General Medicine ☐ General Surgery ☐ Emergency Room

☐ Other (Specify) _____

2. B. Special Hospital: (check one)

☐ Rehabilitation ☐ Orthopedic ☐ Psychiatric

☐ Other (Specify) _____

3. C. Number of licensed beds in each of the following categories:

___ MED/SURG ___ ICU/ICCU ___ OB/GYN ___ Nursery
___ Psychiatric ___ NCI ___ Peds ___ Rehab

Alcohol/Chemical Dependency _____

Total Bed Capacity (Excluding Bassinets) _____ Total Bassinets _____

Application and the license fee of _____ payable to the **DC Treasurer** are attached to this application. (Fee is not refundable) There is also attached documentary evidence: (1) of financial responsibility on the part of the applicant institution in the sum of not less than **Fifty Thousand Dollars (\$50,000.00)** which would become readily available for the benefit of any person who may become aggrieved as the result of the operation of the hospital; and (2) of corporation verification of good standing. For further information, please call (202) 442-4434.

Signatures of Applicants

(1) _____

Title Date

(2) _____

Title Date

Sworn and subscribed to before me this _____ day of _____, year _____

_____ My Commission expires _____

Notary Public for the District of Columbia

**** Two (2) people must sign this application.**
One applicant must be a DC resident or documentation must be provided for an attorney-in-fact. Those who sign at the bottom as applicants must be the same as those whose names appear on the top line. These may be, two (2) officers of the Board of Managers, or the Administrator, or Medicaid Director of the hospital and one (1) Member of Board of Managers.

You can help eliminate fraud, waste, abuse, and mismanagement in the District Government by reporting violations to the Office of the Inspector General by calling the hotline at (202) 727-2540.

All calls are confidential.

2013 Fees for hospitals

License fees for hospitals are specified in section 2013.1 of the D.C. Code. They are as follows:

(a)	1-100 beds Annual Fee Late Fee	\$1,040.00 \$520.00
(b)	101-200 beds Annual Fee Late Fee	\$1,300.00 \$650.00
(c)	201-300 beds Annual Fee Late Fee	\$1,690.00 \$845.00
(d)	301-400 beds Annual Fee Late Fee	\$1,950.00 \$975.00
(e)	401 or more beds Annual Fee Late Fee	\$2,600.00 \$1,300.00
These fees include both beds and bassinets.		